

STATE OF MINNESOTA
COUNTY OF HENNEPIN

FOURTH JUDICIAL DISTRICT
DISTRICT COURT
PROBATE COURT DIVISION

File No. _____

In Re: Guardianship/Conservatorship of

PERSONAL WELL-BEING REPORT
**(Annual Report of Guardian/
Conservator of the Person)**

_____,
Ward/Conservatee

INSTRUCTIONS:

- 1) The reporting period must cover the one-year period from the anniversary of the appointment date of the guardian/conservator.
- 2) If you need to verify the reporting period, please call the Probate Court at one of the following numbers:

(612) 348-3242, (612) 348-9786, (612) 348-9790 or (612) 348-3249

- 3) Answer all of the questions in your own words; file the completed form with the Probate Court at the following address:

Hennepin County Probate Court
300 South Sixth Street, C-400
Minneapolis, MN 55487-0340

As required by Minn. Stat. 525.58, Subd. 4., the guardian/conservator makes this annual report:

Annual Report from the period of _____, 20_____ to _____,
20_____.

- 1) The current address and telephone number of the ward/conservatee is:

The above address is a (select one):

_____ private home. Is the ward/conservatee receiving any supplementary services, such as "Meals on Wheels", Visiting Nurses Association, physical therapy, etc.?

_____ nursing home. When was the last care conference?

_____ other (specify)_____

- 2) What are changes in the living conditions of the ward/conservatee in the last year?
 - (a) Changes in residence/address:

 - (b) Changes in level of care required:

- 3) What is your evaluation of the care and treatment of the ward/conservatee provided by the current care facility?

- 4) What was the medical condition of the ward/conservatee during the past year?

Does the ward/conservatee currently receive and neuroleptic medications such as Thorazine, Haldol, etc.?

If yes, what is the date of the Court order authorizing the guardian/conservator to consent to the administration of neuroleptic medications?

- 5) What is the mental and emotional condition of the ward/conservatee?
 - (a) Mental:

(b) Emotional:

- 6) Has the condition of the ward/conservatee required hospitalization during the past year?

NAME OF FACILITY:

ADDRESS OF FACILITY:

DATE OF ADMISSION:

DATE OF RELEASE:

REASON FOR PLACEMENT:

- 7) My report is based on:

Number of visits this past year: _____

Average length of time spent with
the ward/conservatee per visit: _____

- 8) The current address and telephone number of the guardian/conservator of the person is:

- 9) Additional comments:

Signature of the Guardian/Conservator(s)

Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary Public, _____ County, Minnesota
My commission expires: _____

(NOTARIAL SEAL)